In re	John P White	
Case N	Debtor(s) umber:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS		
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.		
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).		
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.		
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.		
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve componer Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after Sep 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1) at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and or required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The pre temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion are not required to complete the balance of this form, but you must complete the form no later than 14 days after the which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in before your exclusion period ends.			
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard		
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;		
	OR		
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 		

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	Part II. CALCULATION OF MON	NTHLY INCOM	ME FOR § 707(b)(7) EXCLUSION	
	Marital/filing status. Check the box that applies and c	ment as directed.			
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.				
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perj "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the				
	d. Married, filing jointly. Complete both Column			Spouse's Income")	for Lines 3-11.
	All figures must reflect average monthly income received calendar months prior to filing the bankruptcy case, end			Column A	Column B
	the filing. If the amount of monthly income varied duri six-month total by six, and enter the result on the appro	ring the six months,		Debtor's Income	Spouse's Income
3	Gross wages, salary, tips, bonuses, overtime, commis	ssions.		\$ 0.00	\$
4	Income from the operation of a business, profession enter the difference in the appropriate column(s) of Lin business, profession or farm, enter aggregate numbers a not enter a number less than zero. Do not include any Line b as a deduction in Part V.	ne 4. If you operate and provide details	more than one on an attachment. Do		
		Debtor	Spouse		
	a. Gross receiptsb. Ordinary and necessary business expenses\$	0.00			
	· · ·	btract Line b from I		\$ 0.00	\$
	Rents and other real property income. Subtract Line the appropriate column(s) of Line 5. Do not enter a nupart of the operating expenses entered on Line b as a	e b from Line a and amber less than zero	enter the difference in . Do not include any		
5	part of the operating expenses entered on Zine 8 us t	Debtor	Spouse		
	a. Gross receipts \$	0.00	\$		
	b. Ordinary and necessary operating expenses \$	0.00			
	c. Rent and other real property income Sul	btract Line b from I	Line a	\$ 0.00	\$
6	Interest, dividends, and royalties.			\$ 0.00	\$
7	Pension and retirement income.			\$ 0.00	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.			\$ 0.00	\$
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	0.00 Spo	ouse \$	\$ 1,540.00	\$
10	Income from all other sources. Specify source and am on a separate page. Do not include alimony or separat spouse if Column B is completed, but include all othe maintenance. Do not include any benefits received und received as a victim of a war crime, crime against huma domestic terrorism.	te maintenance pay er payments of alir der the Social Secur anity, or as a victim	ments paid by your mony or separate ity Act or payments of international or		
	a. \$	Debtor	Spouse \$		
	b.		\$		
	Total and enter on Line 10			\$ 0.00	\$
11	Subtotal of Current Monthly Income for § 707(b)(7) Column B is completed, add Lines 3 through 10 in Col			\$ 1,540.00	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,540.00		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	18,480.00		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: NY b. Enter debtor's household size: 1	\$	46,485.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not a top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Fairts 17, 7, 71, and 711 of this statement only if required. (See Eline 13.)					
	Part IV. CALCUL	ATION OF CURREN	T MONTHLY INCOM	ME FOR § 707(b)(2)
16 Enter the amount from Line 12.				\$	
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a.		\$		
	b. c.		\$ \$		
	d.		\$		
	Total and enter on Line 17		ĮΨ		\$
18	Current monthly income for § 70	7(b)(2). Subtract Line 17 fr	om Line 16 and enter the res	ult.	\$
Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$	
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				
	Household members under	· ·	ousehold members 65 years	of age or older	
	a1. Allowance per member b1. Number of members	a2. b2.	Allowance per member Number of members		
	c1. Subtotal	c2.	Subtotal		\$
		1		IRS Housing and	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is				
	available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).				\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and		
21	20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:		
22A	Local Standards: transportation; vehicle operation/public transports You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8. \$\Boxed{1} 0 \Boxed{1} \Boxed{1} 2 \text{ or more.}\$ If you checked 0, enter on Line 22A the "Public Transportation" amor Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a (this="" <a="" amount="" at="" available="" from="" href="www.usdoj.gov/ust/" irs="" is="" local="" public="" standards:="" transportation"="" transportation.="">www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1		
	b. 1, as stated in Line 42c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs]		
	 Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 Net ownership/lease expense for Vehicle 2 	\$ Subtract Line b from Line a.	\$
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.		
26	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as retirement Do not include discretionary amounts, such as voluntary 401(k) co	contributions, union dues, and uniform costs.	\$

27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$		
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
24	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$		
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your cast trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	e \$		
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$		

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$	
40	Continued charitable contributions. financial instruments to a charitable or			e form of cash or	\$
41	Total Additional Expense Deductions	s under § 707(b). Enter the total of L	ines 34 through 40		\$
	S	ubpart C: Deductions for Del	ot Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		\$	□yes □no	
			Total: Add Lines	Ţ	\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor				\$
44	Payments on prepetition priority clai priority tax, child support and alimony not include current obligations, such	claims, for which you were liable at the	y 60, of all priority cl	aims, such as	\$
	Chapter 13 administrative expenses. chart, multiply the amount in line a by				
45	issued by the Executive Office	trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x Total: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$	
Subpart D: Total Deductions from Income					
47	Total of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Cur	rent monthly income for § 707(b)(2))		\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.			\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.			\$	

statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53) Enter the amount of your total non-priority unsecured debt \$ Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at to of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption ari of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS						
statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53) Enter the amount of your total non-priority unsecured debt Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arise" at the final page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the healt you and your family and that you contend should be an additional deduction from your current monthly income under \$707(b)(2)(A)(i)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses. Expense Description Expense Description Symptotic Add Lines a, b, c, and d \$100 per VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.) Date: December 9, 2009 Signature: Signature: Signature: Signature: Syl John P White John P White		Initial presumption determination. Check the applicable box and proceed as directed.				
The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of	52	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
State Stat	32					
Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at to of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption ari of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS		☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Line	es 53 through 55).			
Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at to of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption ari of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS	53	Enter the amount of your total non-priority unsecured debt	\$			
The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at to of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption ari of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS	54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption ari of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS		Secondary presumption determination. Check the applicable box and proceed as directed.				
Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the healt you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses. Expense Description	55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the healt you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses. Expense Description		☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses. Expense Description		Part VII. ADDITIONAL EXPENSE CLAIMS				
a. \$ \$ \$ \$ \$ \$ \$ \$ \$	56	you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for				
b.		Expense Description Monthly Amour	nt			
C. S S S S S S S S S						
d. State and Correct. (If this is a joint case must sign.) Date: December 9, 2009 Signature: /s/ John P White John P White			_			
Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.) Date: December 9, 2009 Signature: /s/ John P White John P White			-			
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.) Date: December 9, 2009 Signature: /s/ John P White John P White						
must sign.) Date: December 9, 2009 Signature: /s/ John P White John P White	Part VIII. VERIFICATION					
Date: December 9, 2009 Signature: /s/ John P White John P White		I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors				
	57	Date: December 9, 2009 Signature: /s/ John P White John P White				

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2009 to 11/30/2009.

Line 9 - Unemployment compensation (included in CMI)

Source of Income: Unemployment

Constant income of \$1,540.00 per month.